

Please type or print in ink.

NAME OF FILER 2015 APR 15 PM 1:28 (FIRST) (MIDDLE)
Schroeder Lawrence Paul

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Claremont

Division, Board, Department, District, if applicable

Your Position

City Council

Council Member

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☒ City of Claremont

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2014, through December 31, 2014.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

I certify under penalty of perjury under the laws of the State of

Date Signed

3/23/2015
(month, day, year)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION |
| Name Lawrence Paul Schroeder |

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|--|---|
| NAME OF SOURCE OF INCOME University of La Verne | NAME OF SOURCE OF INCOME |
| ADDRESS (Business Address Acceptable) 1950 3rd Street, La Verne, CA 91750 | ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE Higher Education | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION Spouse's employment income | YOUR BUSINESS POSITION |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input checked="" type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe) | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.) <input type="checkbox"/> Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.) <input type="checkbox"/> Sale of _____ (Real property, car, boat, etc.) <input type="checkbox"/> Loan repayment <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ (Describe) <input type="checkbox"/> Other _____ (Describe) |

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

| | | |
|---|---|---------------------|
| NAME OF LENDER* | INTEREST RATE | TERM (Months/Years) |
| ADDRESS (Business Address Acceptable) | _____% <input type="checkbox"/> None | _____ |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | SECURITY FOR LOAN | |
| HIGHEST BALANCE DURING REPORTING PERIOD | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> Real Property _____ | Street address |
| <input type="checkbox"/> \$1,001 - \$10,000 | _____ | City |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> OVER \$100,000 | <input type="checkbox"/> Other _____ | (Describe) |

Comments: _____

SCHEDULE D **Income – Gifts**

| |
|---|
| CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Lawrence Paul Schroeder |
|---|

► NAME OF SOURCE (Not an Acronym)
Barbara Poling

ADDRESS (Business Address Acceptable)
1950 3rd St, LaVerne, CA 91750

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dean, College of Education, Univ of LaVerne

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---------------------|------------------|--------------------------------|
| 03 / 01 / 14 | \$ 150.00 | ticket scholarship gala |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

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BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |
| ____/____/____ | \$ _____ | _____ |

Comments: _____